

**Diagnostic criteria for syncope**

Recommendations	Class*	Level <sup>¶</sup>
VVS is diagnosed if syncope is precipitated by emotional distress or orthostatic stress and is associated with typical prodrome	I	C
Situational syncope is diagnosed if syncope occurs during or immediately after specified triggers	I	C
Orthostatic syncope is diagnosed when it occurs after standing up and there is documentation of OH	I	C
Arrhythmia-related syncope is diagnosed by ECG when there is:	I	C
<ul style="list-style-type: none"> <li>- Persistent sinus bradycardia &lt;40 bpm in awake or repetitive sinoatrial block or sinus pauses ≥3 s</li> <li>- Mobitz II second or third degree AV block</li> <li>- Alternating left and right BBB</li> <li>- VT or rapid paroxysmal SVT</li> <li>- Non-sustained episodes of polymorphic VT and long or short QT interval</li> <li>- Pacemaker or ICD malfunction with cardiac pauses</li> </ul>		
Cardiac ischaemia-related syncope is diagnosed when syncope presents with ECG evidence of acute ischaemia with or without myocardial infarction	I	C
Cardiovascular syncope is diagnosed when syncope presents in patients with prolapsing atrial myxoma, severe aortic stenosis, pulmonary hypertension, pulmonary embolus, or acute aortic dissection	I	C

AV: atrioventricular; BBB: bundle branch block; ECG: electrocardiogram; ICD: implantable cardioverter-defibrillator; OH: orthostatic hypotension; SVT: supraventricular tachycardia; VVS: vasovagal syncope; VT: ventricular tachycardia.

\* Class of recommendation.

<sup>¶</sup> Level of evidence.

*Reproduced with permission from: European Heart Rhythm Association (EHRA), Heart Failure Association (HFA), Heart Rhythm Society (HRS), et al. Guidelines for the diagnosis and management of syncope (version 2009): the Task Force for the Diagnosis and Management of Syncope of the European Society of Cardiology (ESC). Eur Heart J 2009; 30:2631. Copyright © 2009 Oxford University Press.*

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